



# City of Lauderhill



## Application Package

**PLEASE BE AWARE THAT SOME APPLICANTS MAY NOT BE ASSISTED DUE TO LIMITED FUNDING AVAILABILITY. ASSISTANCE WILL BE PRIORITIZED FOR HOUSEHOLDS INCLUDING MEMBERS WITH SPECIAL NEEDS AND VERY-LOW INCOME.**

### **BEFORE SUBMITTING YOUR APPLICATION, PLEASE CONSIDER THE FOLLOWING:**

- **PURCHASE ASSISTANCE PROGRAM** participants are required to have a signed contract for the property to be purchased within the City of Lauderhill, a copy of the complete mortgage loan application, a mortgage prequalification letter, a copy of Certificate of Completion for HUD approved homebuyer Educational Course
- **HOUSING REHABILITATION PROGRAM** participants are required to be current on all City services, mortgage, and homeowner association fees; possess property and flood insurance; and provide proof of citizenship.
- All Applicants seeking funding with cash value assets that exceed \$25,000 will not be considered.

### **APPLICATION PROCEDURES**

1. Application procedures can be found in the Submittal Instructions for Purchase Assistance and Rehabilitation Program.
2. Please read this application carefully and in its entirety. If you have questions regarding eligibility, required documents or submission requirements, please call the Grants Division at 954-714.2181.
3. Once the application is received and reviewed, a staff member will contact the applicant if additional information or clarification is needed.
4. Verifications will be sent to all applicable agencies to aid in the determination process. This process may 2 ½ to 3 months or more to receive back.
5. If eligible for assistance, a letter will be emailed to the email address provided in your application. The letter will contain instructions for the next step in the process.

### **Applications may be denied for any of the following reasons:**

- If the application is incomplete or copies of all items listed on the attached checklist are not submitted; or
- If any program requirements are not met.

### **PROGRAM DESCRIPTION**

The City of Lauderhill utilizes HOME Investment Partnership (**HOME**) and State Housing Initiative Partnership (**SHIP**), or Community Development Block Grant (CDBG) Program funds to administer a Housing Purchase Assistance Program and an Owner-Occupied Rehabilitation Program. Both programs assist qualified buyers or homeowners in the form of a deferred loan for eligible purchase assistance or rehabilitation costs. The loan is secured by a zero interest, deferred payment second mortgage on the property that is forgiven on an annual basis provided the owner occupies the

property as their primary residence for 10 years or 15 years. **City services and mortgage must be current before funding is encumbered.**

## **ELIGIBILITY CRITERIA**

### **INCOME:**

- Annual income cannot exceed the amounts as determined by the HUD at any time.
- Child support is included in the income calculation.
- Employment verifications are required. For applicants with employers that participate in The Work Number, please call the Grants Division for verification instructions.
- Refusal to sign required forms will result in denial of assistance.

### **ASSETS:**

- The applicant's household cannot own or have assets exceeding \$25,000 at the time of application. Monetary gifts and real estate are included in the asset calculation, but qualified retirement accounts are not. This includes assets located in foreign countries.
- Explanations of deposits are required for all deposits made for \$100 and greater.

### **ELIGIBLE PROPERTIES:**

- Single-family, villa, townhome, or condominium located within the City of Lauderhill city limits **ONLY**.
- Must be your primary residence
- Housing value cannot exceed:
  - SHIP - 90% of the Broward County Average Area purchase price: \$331,888; and
  - HOME – 95% of the Broward County median purchase price: \$276,000 existing unit; \$295,000 newly constructed.

### **SPECIAL NEEDS APPLICANTS:**

In accordance with the requirements of the current allocation, a portion of City SHIP funds must be set-aside for use by households including members with the following special needs as defined in Florida Statutes\*:

- Developmental disabilities;
- Minors aging out of foster care;
- Survivors of domestic violence;
- Disabling conditions; and/or
- SSDI/SSI or VA disability recipients.

Priority review will be given to eligible households including members with developmental disabilities. Documentation in the form of a letter from a physician or service provider is required. Required information to be included in the letter is provided below under Special Needs Documentation Letter. Please note the letter does not need to be explained or detail the type of special need(s) but does need to indicate the classification of special need(s) as one of the listed above and signed by the issuer. The information should be submitted on the physical or service provider's letterhead along with all contact information (including name, address and phone number) of the physician or service provider. Service providers include, but is not limited to, a safety officer, case worker, treating physician, mental health care facility, law enforcement or similar professional service provider.

### **SAMPLE SPECIAL NEEDS DOCUMENTATION LETTER**

I am a physician or service provider for NAME HERE, who is a member of a household applying for housing assistance through the City of Lauderhill's Grant Program. The person named above qualifies as a special needs applicant under Florida Statutes as a person who is:

- ☐ Developmentally disabled
- ☐ Aging out of foster care
- ☐ A survivor of domestic abuse
- ☐ Has a disabling condition
- ☐ Receives SSDI/SSI or VA disability benefits

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**I. Checklist**

**II. Application**

**III. Third-Party Verification Forms**



# CHECKLIST

- Complete and sign application - must return with **original** signatures.
- Attach **COPIES** of **ALL** required documents listed below. Staff **cannot** make copies
- Incomplete Applications **cannot** be processed and will be returned

## **PURCHASE ASSISTANCE ONLY - MANDATORY DOCUMENTS**

- ☐ A signed contract for the property to be purchased
- ☐ A copy of the complete mortgage loan application
- ☐ Mortgage prequalification letter stating the type of loan, the loan amount, term of loan and interest rate which cannot exceed 10%. **Note: Adjustable rate mortgages need to include the interest rate for the first five (5) years of the loan, not to exceed 10%**
- ☐ Certificate of Completion for HUD Approved Homebuyer Educational Course

## **REHABILITATION OF OWNER-OCCUPIED ONLY - MANDATORY DOCUMENTS:**

Items listed below must be present at the time of submittal.

- ☐ Verification that the mortgage is current or mortgage satisfaction letter from lender
- ☐ Verification that property taxes are current **and** copy of the deed
- ☐ Letter from Home Owner Association (HOA) stating fees are current on the association's letterhead.
- ☐ Current property insurance **policy**. If HOA, property insurance and content insurance policies are required.
- ☐ Current flood Insurance policy, if applicable

## **MANDATORY CONFLICT OF INTEREST DISCLOSURE**

- ☐ Conflict of Interest Disclosure is required for applicant and co-applicant

## **MANDATORY AUTHORIZATION FOR RELEASE OF INFORMATION**

- ☐ Authorization for the Release of Information Form – required for **ALL** adult household members over 18yr

## **MANDATORY THIRD PARTY VERIFICATION FORMS**

All verifications must be signed by **all** household members 18 years and older

- ☐ Third Party Employment Verification completed and faxed, e-mailed or mailed to our office by the employer
- ☐ Third Party Asset Income Verification completed and faxed, e-mailed or mailed to our office by your bank institution or other

(Checklist Continued)

- ☐ Third Party Verification of Income from Business (if applicable)
- ☐ Third Party Verification of Regular Cash Contributions
- ☐ Third Party Verification of Social Security Benefits
- ☐ Third Party Verification of Unemployment (if applicable)
- ☐ Third Party Verification of Child Support (if applicable)

**MANDATORY GENERAL REQUIREMENTS:**

- ☐ Signed Notice of Right to Cancel by the applicant and co-applicant, if applicable
- ☐ Valid driver's license or state identification card for **ALL** household members age 18 and older
- ☐ Signed Public Disclosure Form signed by all household members age 18 and older
- ☐ **Required for all household members under 18:** Birth certificates, Naturalization Certification, Passport, voter's registration card, or other proof of citizenship
- ☐ If the children living in your household are not claimed on your tax's return, you are required to submit a letter from the school or custody papers indicating the address where the children live
- ☐ Documentation regarding special needs status (if applicable)
- ☐ Documentation of child support in the form of a court order or print out from Child Support Enforcement and cash contribution payment amounts (if applicable)
- ☐ Divorce decree or death certificate, if applicable
- ☐ Two (2) most current Income Tax Return **with W/2's** for all household members 18 years of age and older – Note: **MANDATORY** must sign your Income Tax Return; **If** your return includes Schedule C (small business), then will also need audited or unaudited financial statement(s) of business; notarized statement or affidavit as to net income realized from the business during the previous 2 years;
- ☐ Business profit and loss statement is only required for self-employed and independent contractors completed by your accountant or tax preparer and faxed back to our office; IRS Form 4506-T (if applicable)
- ☐ SIX (6) consecutive pay stubs for all household members age 18 and older;
- ☐ **Required for all household members:** Front and back pages of six (6) most current consecutive months of bank statements for all accounts held by applicant, co-applicant, and all household members, including minors. All deposits other than payroll and social security payments that exceed \$100 must be documented;
- ☐ Current social security statement, pension benefit statement or benefit letter (including minors);
- ☐ Current whole life insurance policies stating cash value (if applicable)

If you have any questions, please feel free to contact Housing Grant Division at (954) 714-2181.

# APPLICATION

## General Information

	Applicant	Co-Applicant
First Name		
Last Name		
Date of Birth / Age		
E-mail (required)		
Phone #		
Street Address	City	State Zip
Mailing Address	City	State Zip

## Other Household Members:

Name(s)	Social Security #	Date of Birth/Age	Relationship to Applicant

Your social Security Number is being collected for the purposes of income certifying you for the City's Rehabilitation Assistance Program which requires third-party verification of assets, employment and income. In addition, this information may be collected to verify unemployment benefits, social security/disability benefits and other related information necessary to determine income and assets and your eligibility for the program that is funded by local, State and/or State program dollars. Your social security number will not be used for any other intended purpose other than verifying your eligibility for the City's program.

## Full-Time Student

If any household member other than the applicant, co-app, or spouse of applicant is a FULL-TIME STUDENT – AGE 18 OR OLDER please list:

**NAME(s):**

## Employment Information

### APPLICANT

Employee Name:	Employer Name:
Position:	Supervisor:
Address:	Time Employed:
Pay Rate:	Pay Frequency:
Annual Income (gross salary, overtime, tips, bonuses, etc.): \$	
Phone:	Fax:

### CO-APPLICANT

Employee Name:	Employer Name:
Position:	Supervisor:
Address:	Time Employed:
Pay Rate:	Pay Frequency:
Annual Income (gross salary, overtime, tips, bonuses, etc.): \$	
Phone	Fax:

**NOTE: Attach additional sheets as necessary for all household members 18 years and over.**

## Owner

Does Applicant/Co-Applicant Own a Home? ☐ Yes ☐ No Monthly rent/mortgage: \$ \_\_\_\_\_

If No, Type of unit to be purchased? ☐ existing unit ☐ newly constructed unit

## Other Sources of Income

For ALL Household Members 18 and Over, List Business or Rental Net Income, Child Support, Alimony, Social Security, Pensions, Unemployment or Workers Compensation, Welfare Payments, etc.)

Name	Type of Income	Gross Annual Amount
		\$
		\$
		\$
		\$
TOTAL		\$

## Assets and Asset Income

For ALL Household Members, Including Minors, List Checking and Savings Accounts, IRA, CD, Bonds, Stocks Equity in Properties, etc.)

Type of Asset	Asset Value	Bank/Account #	Annual Asset Income
			\$
			\$
			\$
			\$
TOTAL	\$	TOTAL	\$

## Liabilities

For ALL Household Members 18 and Older, List Credit Card Debt, and Auto, Real Estate and Mortgage Loans, etc.)

Type Credit / Loan	Creditors Name	Balance Owed/Monthly Payment
		\$
		\$
		\$
		\$
TOTAL ANNUAL PAYMENTS		\$

Do you have any outstanding unpaid collections or judgments? ☐ Yes ☐ No Amount \$

Have you declared Bankruptcy in the last 7 years? ☐ Yes ☐ No

Are you a party in a lawsuit? ☐ Yes ☐ No

## Ethnicity/Special Needs

For reporting purposes only, please check all that apply for Head of Household Only

☐ White ☐ Black ☐ Hispanic ☐ Asian/Pacific Islander ☐ Native American ☐ Farmworker  
☐ Disabled or Disabled Minor ☐ Elderly ☐ Special needs ☐ Other \_\_\_\_\_



I/we understand that Florida Statute 817 provides that willful false statements or misrepresentation concerning income; asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.83. I/we further understand that any willful misstatement of information will be grounds for disqualification. I/we certify that the application information provided is true and complete to the best of my/our knowledge. I/we consent to the disclosure of information for the purpose of income verification related to making a determination of my/our eligibility for program assistance. I/we agree to provide any documentation needed to assist in determining eligibility and are aware that all information and documents provided are a matter of public record.

Signature of Applicant	Print Name	Date
Signature of Co-Applicant or Household Member 18+	Print Name	Date
Signature of Household Member 18+	Print Name	Date
Signature of Household Member 18+	Print Name	Date
Signature of Household Member 18+	Print Name	Date
Signature of Household Member 18+	Print Name	Date
Signature of Household Member 18+	Print Name	Date
Signature of Household Member 18+	Print Name	Date

**Office use only:**

Year Built:	Lien Search Complete:	Lead Base Needed:	Income Level:
Previous Programs:			Homestead:
Number of Bedrooms:	Number of Bathrooms:	Special Needs Designation:	Current Association Fees?
Intake Date:	1 <sup>st</sup> Verification Date:	Completion Date:	



## DISCLOSURE STATEMENT IMPORTANT READ BEFORE SIGNING



The information provided is true and complete to the best of my/our knowledge to the disclosure of such information of purposes of income verification related to my/our application for financial assistance. I/we understand that any willful misstatement of material fact will be grounds for disqualification. Applicant understands that the information provided is needed to determine assistance eligibility and in no way assures qualification for assistance. The applicant also agrees to provide any other documentation needed to verify eligibility.

**Warning: Florida statute 817 provided that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and its punishable by fines and imprisonment provided under S775.082.775.83.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

### Agency Statement

Based on the income information provided by the household and upon proofs and documentation submitted, the household is: (check one)

\_\_\_\_\_ Very Low-Income (VLI) Household based on the current applicable definitions of up to 50% of the median income for the area adjusted for family size published by the U.S. Department of Housing and Urban Development.

\_\_\_\_\_ Low-Income (LI) Household based on the current applicable definitions of up to 80% of the median income for the area adjusted for family size published by the U.S. Department of Housing and Urban Development.

**Signature of The GRANT ADMINISTRATOR or His/Her Designated Representative:**

SIGNATURE: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_



## AUTHORIZATION FOR RELEASE OF INFORMATION



I \_\_\_\_\_, the undersigned, hereby authorize \_\_\_\_\_ to release without liability, information regarding my employment, income, and/or assets to City of Lauderhill, for the purposes of verifying information provided as part of determining eligibility for housing assistance. I understand that only information necessary for determining eligibility can be requested.

### Types of Information to be verified:

I understand that previous or current information regarding me may be required. Verifications that may be requested are, but not limited to: employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, and tips; cash held in checking/savings accounts, stocks, bonds, certificated of deposits, Individual Retirement Accounts, interest, dividends; payments from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, unemployment, disability or worker's compensation, welfare assistance, net income from the operation of a business, and alimony or child support payments.

### Organizations/Individuals that may be asked to provide written/oral verifications are, but not limited to:

Past/Present Employers, Alimony/Child Support Providers, Banks, Financial or Retirement Institutions, Social Security Administration State, Unemployment Agency Veteran's Administration, Welfare Agency or Other:

\_\_\_\_\_

### Agreement to Conditions:

I agree that a photocopy of this authorization may be used for the purposes stated above. I understand that I have the right to review this file and correct any information found to be incorrect.

Signature of Applicant	Printed Name	Date
Signature of Co-Applicant	Printed Name	Date
Signature of Household Member (over 18)	Printed Name	Date
Signature of Household Member (over 18)	Printed Name	Date

**Note:** This general consent may not be used to request a copy of a tax return. If one is needed, contact your local IRS office for Form 4506-T, "Request for Copy of Tax Return" and prepare and sign separately.



# **THIRD-PARTY VERIFICATION FORMS**

**ALL applicable forms must be signed by Applicant and given to designated person or company to complete and fax back to the number listed on the form.**



## EMPLOYMENT THIRD-PARTY VERIFICATION



State and/or Federal Regulations require us to verify employment history for the person that has provided authorization below, in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated.

**Authorization:** I hereby authorize the release of requested information. A copy of the executed "Authorization for the Release of Information" is attached which indicated my agreement with the release of information requested for the sole purpose of determining eligibility for program assistance.

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Signature of Applicant	Print Name	Date
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Signature of Co-Applicant/Household Member	Print Name	Date
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**EMPLOYER must return this information by fax to: 954-730-3025; or mail to:** City of  
Lauderhill; Grants Division; Phone: 95-714-2181; 5581 W. Oakland Park Blvd.; Lauderdale, FL 33313

Employer/Company Name \_\_\_\_\_  
Address \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Note to employer:** Please provide information about anticipated employment income during the next 12 months

Position: _____	Date of Hire: _____
Probability of continued employment <input type="checkbox"/> Yes <input type="checkbox"/> No	Length of Employment: _____
Current Pay Rate _____ Frequency (Hr,Wk,Mo) _____	Overtime Pay Rate _____ Expected Overtime Hours for next 12 months _____
Projected Annual <u>Base Pay</u> Earnings for the next 12 months: \$ _____	
Projected Annual <u>Overtime</u> Base Pay Earnings for next 12 months: \$ _____	
Expected date of any pay increase _____ Amount of increase _____ New rate of pay _____	
Amount and Frequency of Other Compensation (bonus, raise, commission, tops): \$ _____	
Vacation Pay (y or N): _____ If yes, number of days _____	
Retirement Account (Y or N): _____ Amount Accessible to Employee: \$ _____	
Total Gross Annual Income, including other compensation, for next 12 months: \$ _____	

**Signature of authorized Employer representative:** \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

**WARNING:** Florida Statute 817 provides that willful false statements or misrepresentation concerning income; asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.83.



## ASSET INCOME THIRD-PARTY VERIFICATION



State and/or Federal Regulations require us to verify asset income information for the person that has provided authorization below, in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated.

### Authorization:

I hereby authorize the release of requested information. A copy of the executed "Authorization for the Release of Information" is attached which indicated my agreement with the release of information requested for the sole purpose of determining eligibility for program assistance.

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Signature of Applicant

Print Name

Date

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Signature of Co-Applicant/Household Member

Print Name

Date

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**Please return this information by fax to: 954-730-3025; or** mail to: City of Lauderhill; Grants Division; Phone: 95-714-2181; 5581 W. Oakland Park Blvd.; Lauderhill, FL 33313

Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Complete the (applicable) Sections below:

Checking Account #: \_\_\_\_\_ Avg. Monthly Balance (last 6 months) \$ \_\_\_\_\_ Interest Rate \_\_\_\_\_ %

Savings Account #: \_\_\_\_\_ Balance \$ \_\_\_\_\_ Interest Rate \_\_\_\_\_ %

Certificate of Deposit #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Interest Rate \_\_\_\_\_ % Withdrawal Penalty \$ \_\_\_\_\_  
IRA, Keogh, 401K

Retirement Account # \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Interest Rate \_\_\_\_\_ % Withdrawal Penalty \$ \_\_\_\_\_

Other Account# \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Interest Rate \_\_\_\_\_ % Withdrawal Penalty \$ \_\_\_\_\_

Signature of authorized Employer representative: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

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## INCOME FROM BUSINESS THIRD PARTY-VERIFICATION



State and/or Federal Regulations require us to verify business income information for the person that has provided authorization below, in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated.

### Authorization:

I hereby authorize the release of requested information. A copy of the executed "Authorization for the Release of Information" is attached which indicated my agreement with the release of information requested for the sole purpose of determining eligibility for program assistance.

Signature of Applicant	Print Name	Date
Signature of Co-Applicant/Household Member	Print Name	Date

**Institution must return this information by fax to: 954-730-3025; or mail to:** City of  
Lauderhill; Grants Division; Phone: 95-714-2181; 5581 W. Oakland Park Blvd.; Lauderhill, FL 33313

Name of Institution/Individual: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Complete the (applicable) Sections below:

Dates Business transacted from \_\_\_\_\_ Gross Income \$ \_\_\_\_\_

Expenses (Provide Amounts for Applicable Expenses):			
Interest on Loans	\$ _____	Cost of goods/materials:	\$ _____
Rent	\$ _____	Utilities	\$ _____
Wages/Salaries	\$ _____	Employee Contributions	\$ _____
Federal Withholding Tax	\$ _____	State Withholding Tax	\$ _____
FICA	\$ _____	Sales Tax	\$ _____
Other	\$ _____	Straight Line Depreciation	\$ _____
Total Expenses	\$ _____	Net Income	\$ _____

Signature of Authorized Representative: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

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## PENSIONS AND ANNUITIES THIRD-PARTY VERIFICATION



State and/or Federal Regulations require us to verify employment history for the person that has provided authorization below, in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated.

**Authorization:** I hereby authorize the release of requested information. A copy of the executed "Authorization for the Release of Information" is attached which indicated my agreement with the release of information requested for the sole purpose of determining eligibility for program assistance.

Signature of Applicant

Print Name

Date

Signature of Co-Applicant/Household Member

Print Name

Date

**Company must return this information by fax to: 954-730-3025; or mail to:** City of  
Lauderhill; Grants Division; Phone: 95-714-2181; 5581 W. Oakland Park Blvd.; Lauderhill, FL 33313

Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Complete the (applicable) Sections below:

Current monthly gross amount of pension or annuity \$ \_\_\_\_\_

Date of initial award \_\_\_\_\_ \$ \_\_\_\_\_

Deduction from Gross for Medical Insurance Premiums

Effective date of current amount \_\_\_\_\_

Expected change in current amount \_\_\_\_\_ New Amount \$ \_\_\_\_\_

Contribution to company retirement / pension fund \$ \_\_\_\_\_

Amount received in lump Sum \$ \_\_\_\_\_ Date \_\_\_\_\_

Signature of authorized Employer representative: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

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**REGULAR CASH CONTRIBUTIONS**  
(i.e. Rents income, Regular family assistance, Alimony, etc.)  
**THIRD-PARTY VERIFICATION**



State and/or Federal Regulations require us to verify employment history for the person that has provided authorization below, in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated.

**Authorization:** I hereby authorize the release of requested information. A copy of the executed "Authorization for the Release of Information" is attached which indicated my agreement with the release of information requested for the sole purpose of determining eligibility for program assistance.

Signature of Applicant

Print Name

Date

Signature of Co-Applicant/Household Member

Print Name

Date

**Institution or Individual must return this information by fax to: 954-730-3025; or mail to: City of Lauderhill; Grants Division; Phone: 95-714-2181; 5581 W. Oakland Park Blvd.; Lauderhill, FL 33313**

Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Complete the (applicable) Sections below:**

Contributor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Type of Contribution \_\_\_\_\_ Amount \$ \_\_\_\_\_

Frequency of contribution: ☐ Daily ☐ Weekly ☐ Monthly ☐ Yearly

Will payment continue over the next twelve (12) months? ☐ Yes ☐ No

Expected termination date of cash contributions \_\_\_\_\_

Anticipate total cash contribution over the next twelve (12) months: \$ \_\_\_\_\_

Signature of authorized Employer representative: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

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## SOCIAL SECURITY BENEFITS THIRD-PARTY VERIFICATION



State and/or Federal Regulations require us to verify employment history for the person that has provided authorization below, in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated.

**Authorization:** I hereby authorize the release of requested information. A copy of the executed "Authorization for the Release of Information" is attached which indicated my agreement with the release of information requested for the sole purpose of determining eligibility for program assistance.

Signature of Applicant

Print Name

Date

Signature of Co-Applicant/Household Member

Print Name

Date

**Office must return this information by fax to: 954-730-3025; or mail to:** City of Lauderhill; Grants Division; Phone: 95-714-2181; 5581 W. Oakland Park Blvd.; Lauderhill, FL 33313

Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Complete the (applicable) Sections below:

Date of Birth	_____	Social Security #	_____
Type of Social Security Benefit	_____	Gross Monthly Amount	_____
Type of Supplemental Security Benefit:	_____	Gross Monthly Amount	_____
Deduction of Medicare	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Amount Deducted \$	_____

Signature of authorized Employer representative: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

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## UNEMPLOYMENT BENEFITS THIRD-PARTY VERIFICATION



State and/or Federal Regulations require us to verify employment history for the person that has provided authorization below, in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated.

**Authorization:** I hereby authorize the release of requested information. A copy of the executed "Authorization for the Release of Information" is attached which indicated my agreement with the release of information requested for the sole purpose of determining eligibility for program assistance.

Signature of Applicant

Print Name

Date

Signature of Co-Applicant/Household Member

Print Name

Date

**Please return this information by fax to: 954-730-3025; or mail to:** City of Lauderhill; Grants Division; Phone: 95-714-2181; 5581 W. Oakland Park Blvd.; Lauderhill, FL 33313

**Complete the (applicable) Sections below:**

Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Are Benefits being paid now? ☐ Yes ☐ No If yes, Gross Weekly Payments: \$ \_\_\_\_\_

Date of Initial Payment: \_\_\_\_\_ Duration of Benefits: \_\_\_\_\_

Claimant Eligible for Future Benefits? ☐ Yes ☐ No

If yes, provide number of weeks: \_\_\_\_\_ If no, provide Termination date of Benefits: \_\_\_\_\_

Signature of authorized Employer representative: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

**WARNING:** Florida Statute 817 provides that willful false statements or misrepresentation concerning income; asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.83.



## CHILD SUPPORT PAYMENTS THIRD-PARTY VERIFICATION



State and/or Federal Regulations require us to verify employment history for the person that has provided authorization below, in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated.

**Authorization:** I hereby authorize the release of requested information. A copy of the executed "Authorization for the Release of Information" is attached which indicated my agreement with the release of information requested for the sole purpose of determining eligibility for program assistance.

---

Signature of Applicant

Print Name

Date

---

Signature of Co-Applicant/Household Member

Print Name

Date

---

**Please return this information by fax to: 954-730-3025; or mail to:** City of Lauderhill; Grants Division; Phone: 95-714-2181; 5581 W. Oakland Park Blvd.; Lauderhill, FL 33313

**Complete the (applicable) Sections below:**

Name of Person Paying Child Support: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Children(s) Names: \_\_\_\_\_

Amount of Support: \$ \_\_\_\_\_ ☐ weekly ☐ monthly ☐ yearly

Signature of authorized Employer representative: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

**WARNING:** Florida Statute 817 provides that willful false statements or misrepresentation concerning income; asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.83.



## CHILD SUPPORT COLLECTION AFFIDAVIT



STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Personally appeared before me, the undersigned officer, duly authorized to administer oaths, \_\_\_\_\_, whose home address is

\_\_\_\_\_

Who, under oath states as follows for the (check applicable box):

Name of child(ren): \_\_\_\_\_

- ☐ "That I have never collected Child Support for my child(ren)"
- ☐ "That I am court ordered to receive Child Support, but do not receive any payments from the other parent ordered by the courts to pay."
- ☐ "That I collect child support in the amount of \$\_\_\_\_\_ on a basis of:
- \_\_\_\_\_ Weekly
- \_\_\_\_\_ Bi-weekly
- \_\_\_\_\_ Monthly
- \_\_\_\_\_ Yearly

\_\_\_\_\_  
AFFIANT (Signature)

\_\_\_\_\_  
Date

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public (Print)

Notary Stamp Here

\_\_\_\_\_  
Notary Public (Signature)

My Commission Expires: \_\_\_\_\_



# Conflict of Interest Disclosure Form



**Conflict of Interest Regulations:** In accordance with 24 CFR 570.611(b)(c); 24 CFR 214.303(f); 2 CFR 200; FAC 67-37; FS 112 and 420; City HR-42; A person in a position of trust, direct interest, director, employee, officer, contractor, volunteer, agent of participating agency or the family member of any individual holding these positions shall not engage in activities that create a real or apparent conflict of interest.

The purpose of this document is to assist in the determination of whether additional restrictions, oversight, or other conditions might be advisable prior to execution of any contract, finding or providing assistance. The term "Conflict of Interest" refers to situations in which financial or other personal considerations may compromise or have the appearance of compromising professional judgment in following the rules and regulation of the program.

Please mark the appropriate box for each question and complete the attachment if indicated.

Applicant Name

Property Address

City, State, Zip Code

Co-Applicant Name

1. Are you a Covered Employee?

- ☐ Yes (If Yes, please complete "Attachment")  
☐ No

A "Covered Employee" is a current employee, agent, consultant or elected official or officer of any City agency.

2. Do you, or any person who holds an ownership or financial interest (including tenancy) in the property described above, have an immediate family member (such as: spouse, domestic partner, child, stepchild, parent, stepparent, sibling, etc.) or any person who has business dealings or business ties to a **Covered Employee**?

- ☐ Yes (If Yes, please complete "Attachment")  
☐ No

3. Do you, a family member, or any person who holds an ownership or financial interest in the property described above, have business dealings or business ties as an investor, owner, employee, realtor, lender, consultant, contractor, etc. that has a contractual relationship with the City of Lauderhill?

- ☐ Yes (If Yes, please complete "Attachment")  
☐ No

**Warning: knowingly and willingly making false or fraudulent statements to the City of Lauderhill may result in denial of assistance, civil penalties, and/or referral to law enforcement.**

I have read and understand the Conflict of Interest Disclosure Form. I have disclosed all information required by this disclosure, if any, in an attached statement. I agree to comply with any conditions or restrictions imposed by the City of Lauderhill to reduce or eliminate actual and/or potential conflicts of interest. I will update this disclosure form promptly, if relevant circumstances change. I understand that this Disclosure is not a confidential document.

Signature of Applicant

Signature of Co-Applicant

# Conflict of Interest Attachment

If you answered **YES** to any question on the previous page, please complete the relevant section(s) below:

<b>Covered Employee's Name:</b>	
<b>Applicant's Relationship with the Covered Employee</b>	<input type="checkbox"/> Self <input type="checkbox"/> Member of Applicant's family <input type="checkbox"/> Associated with an organization that employs or is about to employ Applicant <input type="checkbox"/> Has a financial or other interest in or with Applicant <input type="checkbox"/> Other:
<b>Covered Employee's Relationship to the City of Lauderhill</b>	<input type="checkbox"/> Employee <input type="checkbox"/> Agent <input type="checkbox"/> Consultant <input type="checkbox"/> Contractor <input type="checkbox"/> Elected official <input type="checkbox"/> Other:

**DESCRIBE RELATIONSHIPS CHECK ABOVE:**







**GRANTS DIVISION**  
**PURCHASE ASSISTANCE/RESIDENTIAL HOME REPAIR PROGRAM DISCLOSURES**

**PUBLIC RECORDS DISCLOSURE AND ACKNOWLEDGEMENT**

Information provided by the applicant may be subject to Chapter 119, Florida Statutes regarding Open Records. Information provided by you that is not protected by Florida statutes can be requested by any individual for their review and/or use. This is without regard as to whether or not you qualify for funding under the program(s) for which you are applying.

Having been advised of this fact prior to making application for assistance for supplying any information, I/we agree to hold harmless and indemnify City of Lauderhill, any agency, its offices, employees, stockholders, agents, successors and assigns from any and all liability and costs that may arise due to compliance with the provisions of Chapter 119, Florida Statutes.

I/We agree that the City of Lauderhill does not have any duty or obligation to assert any defense, exception, or exemption to prevent any or all information given to City of Lauderhill in connection with this application, or obtained by them in connection with this application, from being disclosed pursuant to a public records law request.

Furthermore, by signing below, I/we agree that City of Lauderhill does not have any obligation or duty to provide me/us with notice that a public records law request has been made.

I/We agree to hold harmless the City of Lauderhill, any governmental agency, its officers, employees, stock holders, agents, successors and assigns from any and all liability that may arise due to my /our purchase of any real estate, or any matter arising out of any housing rehabilitation project funded by the City of Lauderhill.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant/Household Member's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Household Member's Signature 18 or older

\_\_\_\_\_  
Date

\_\_\_\_\_  
Household Member's Signature 18 or older

\_\_\_\_\_  
Date

\_\_\_\_\_  
Household Member's Signature 18 or older

\_\_\_\_\_  
Date

**NOTICE OF RIGHT TO CANCEL  
MORTGAGE FOR REHABILITATION/ PURCHASE ASSISTANCE**

You have entered into a transaction on \_\_\_\_\_, which may result in a lien, mortgage, or other security interest on your home. You have the right under federal law to cancel this transaction, if you desire to do so, without any penalty or obligation within three (3) business days from the above date or any later date on which all material disclosures required under the Truth in Lending Act have been given you. If you so cancel the transaction, any lien, mortgage, or other security interest on your home arising from this transaction is automatically void. You are also entitled to receive a refund of any down payment or other consideration if you cancel. If you decide to cancel this transaction, you may do so by notifying:

**City of Lauderhill**  
**Attn: Grants Division**  
5581 W. Oakland Park Blvd.  
Lauderhill, FL 33313  
Fax: (954) 730-3025

By mail or fax received not later than midnight of \_\_\_\_\_. You may also use another form of written notice identifying the transaction if delivered to the above address not later than that time. This notice may be used for that purpose by dating and signing below.

**I HEREBY CANCEL THIS TRANSACTION**

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

Receipt is herewith acknowledged of the foregoing NOTICE, each of the undersigned CUSTOMERS have received two (2) copies thereof this the \_\_\_\_\_.

\_\_\_\_\_  
(CUSTOMER)

\_\_\_\_\_  
(CUSTOMER)

**EFFECT OF RESCISSION.** When a customer exercises his/her right to rescind under paragraph (a) of this section, he/she is not liable for any finance or other charge, and any security interest becomes void upon such rescission. Within ten (10) days after receipt of a notice of rescission, the creditor shall return to the customer any money or property given as earnest money, down payments or otherwise, and shall take any action necessary or appropriate to reflect the termination of any security interest created under the transaction. If the creditor has delivered any property to the customer, the customer may retain possession of it. Upon the performance of the creditor's obligations under this section, the customer shall tender the property to the creditor, except that if return of property in kind would be impractical or inequitable, the customer shall tender its reasonable value. Tender shall be made at the location of the property within ten (10) days after tender by the customer, ownership of the property vests in the customer without obligation on his/her part to pay for it.

**CERTIFICATION CERTIFICATE**

WHEREAS three (3) business days have lapsed since the undersigned have received two (2) copies of this document, so that this transaction may be consummated, the undersigned and each of them hereby certify and warrant that they have not exercised any right which they may have to rescind the transaction, that they do not desire to do so, and that they ratify and confirm the transaction in all respects.

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

**ERRORS AND OMISSIONS / COMPLIANCE STATEMENT**

LENDER: City of Lauderhill, Florida

PROPERTY ADDRESS: \_\_\_\_\_ Lauderhill, FL 333\_\_\_\_

In order to induce the City of Lauderhill as the Lender to close the above loan transaction and in consideration thereof, the undersigned Borrower:

The undersigned, in consideration of the Lender disbursing loan proceeds on the aforementioned Property, agree, if requested by City or its legal counsel on behalf of the City, to fully cooperate in adjusting for clerical errors and/or omissions, any and all loan closing documentation deemed necessary or desirable, in the reasonable discretion of the City of Lauderhill.

The undersigned Borrower and does hereby agree and covenant as aforesaid in order to assure that the loan documentation executed this date will conform and be acceptable in the market place in the instance of transfer, sale or conveyance by the City of its interest in and to said loan documentation.

**BORROWER(S):**

Print Applicant Name	Sign Applicant Name	DATE
Print Name	Sign Name	DATE
Print Name	Sign Name	DATE
Print Name	Sign Name	DATE
Print Name	Sign Name	DATE